

# Functional Review Form

Career Program/Field:

Name (Last, First, Middle):

School or Program:

This form should be completed by Activity Career Program Managers (ACPM) and MACOM Career Program Managers (MCPM). If ACPMs are not available because of organizational structure or the nominee is not in a DA Civilian Career Program, this form should be completed by the next level supervisor(s) or functional official(s). Items 1c, 2c, and 3c will be completed after submission to OASA(M&RA).

1. To what extent is this training program appropriate to the employee's occupation and at this stage in his/her career development? Initial the appropriate line and column.

a. Activity CP

b. MACOM CP

c. HQDA FCR/

Manager (ACPM)

Manager (MCPM)

Personnel Proponent

(For FCR/Per Prop use ONLY)

Critical

Important

Desirable

Not Appropriate

2a. Reason for Rating of ACPM or Other Reviewer in 1a above:

2b. Reason for Rating of MCPM or Other Reviewer in 1b above:

2c. HQDA FCR/Personnel Proponent Concurrence/Comment regarding 1c above:

--

CONTINUED ON REVERSE SIDE

--

3. Each employee who attends training should have a utilization plan that will assure full utilization of the knowledges and abilities acquired during the training program. Please review the Utilization Plan proposed by nominee's supervisor and add your comments and recommendations below. (For SSC nominees, as a minimum, you are certifying that the assignment is appropriate for the individual, the best return on the investment for the Department of the Army, and can be accomplished.)

a. Comments/Recommendations of ACPM or Other Reviewer:

b. Comments/Recommendations of MCPM or Other Reviewer:

c. Comments/Recommendations of HQDA FCR/Personnel Proponent:

Rank Order \_\_\_\_\_ of \_\_\_\_\_

ACPM or Other Reviewer's Title:      Signature      Date:

MCPM or Other Reviewer's Title:      Signature      Date:

FCR/Personnel Proponent's Title:      Signature

Date: